

Example Central Venous Catheter Insertion Form

Unit/Ward: _____

Insertion Date: _____ mm/dd/yyyy

Person completing form: ☐ Inserter ☐ Observer

Person completing form (name): _____

Inserted by (name): _____

Inserted by (occupation): ☐ Attending MD ☐ IV Team
☐ House staff ☐ Other: _____
☐ MD Assistant _____

Reason for insertion: ☐ New indication for catheter
☐ Replace malfunctioning catheter
☐ Suspected catheter infection
☐ Other: _____

Barriers Used:

Mask/Eye Shield	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sterile Gown	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Large Sterile Drape	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sterile Gloves	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cap	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Skin Preparation: (select all that apply)

Chlorhexidine gluconate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Povidone iodine	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Alcohol	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If Povidone Iodine used, record time (in seconds) from end of application of skin prep until first skin puncture: _____ second(s)

Insertion Site: ☐ Jugular ☐ Subclavian ☐ Umbilical
☐ Femoral ☐ Upper Extremity

Antimicrobial Coated Catheter Used: ☐ Yes ☐ No

Catheter Type: (select all that apply)

<input type="checkbox"/> Non-tunneled	<input type="checkbox"/> Dialysis
<input type="checkbox"/> Introducer	<input type="checkbox"/> Swan
<input type="checkbox"/> PICC	<input type="checkbox"/> Other: _____

Number of Lumens: ☐ 1 ☐ 2 ☐ 3 ☐ 4

Catheter Exchanged over a guidewire: ☐ Yes ☐ No

Antimicrobial ointment applied to site: ☐ Yes ☐ No